

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Julia Norris*
Died at *St Inigoes* TownCounty *St Marys*

MARYLAND

Date of death *1908* Month *July* Day *24*Age *47* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*St Marys*

Occupation

*Domestic*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Don't know*Father's
Name*Josiah Biscoe*Father's
Birthplace*Ma*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Ma*Name of person giving
In formation*Dr. Croin*How related
to deceased*Friend*

CAUSES OF DEATH

120

Primary

Nephritis

How long

2 years

Immediate

Uremic poison

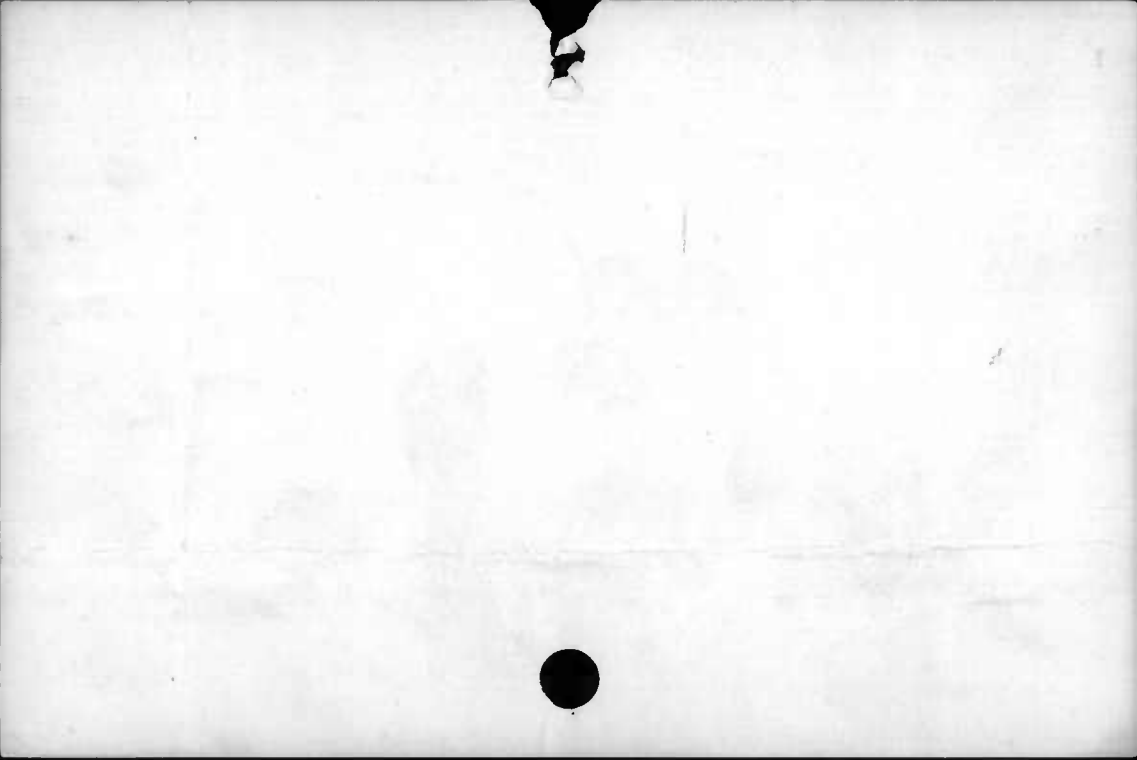
How long

*One week*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*St. Helms*

Address

Reddy Md

Accident or Suicide?



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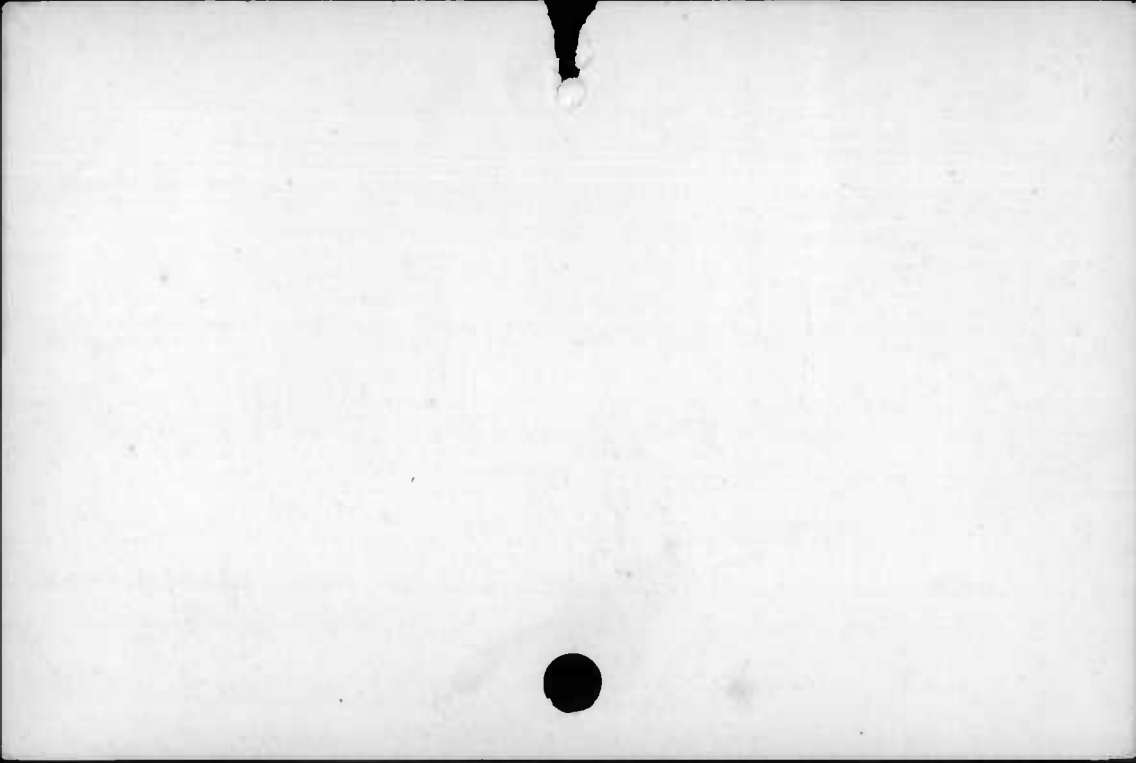
Name in Full <i>Wm Edward Pilkerton</i>		Town <i>Mechanicsville</i>		County <i>St. Marys</i>		MARYLAND	
Died at (Month <i>July</i>		Day <i>6th</i>		Age <i>25 -</i>	
Date of death <i>1908</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Marys Co</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Mechanicsville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Pilkerton</i>		Father's Birthplace <i>St Mary's Co</i>					
Mother's Maiden Name <i>Mary Jarboe</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Thos. H. Pilkerton</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of Stomach</i>	How long	<i>one week</i>
Immediate	<i>Hematemesis</i>	How long	<i>Three hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Zach R. Morgan</i>	
		Address <i>Mechanicsville Md.</i>	
Accident or Suicide?			



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NEAREST FRIEND

MARYLAND

Died at <i>Mechanicsville</i>		Town <i>St. Mary's</i>		County	
Date of death	1908	Month	7	Day	21
Age	6	Years	3	Months	~
Sex	Male	Color or Race	White	Birth-place	St. Mary's
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widower		Sophia Williams			
Father's Name	Williams		Father's Birthplace	St. Mary's Co.	
Mother's Maiden Name	Don't know		Mother's Birthplace	"	
Name of person giving information	Adrian Williams		How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	Three months
Immediate	Heart failure	How long	one hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. R. Morgan
		Address	Mechanicsville
Accident or Suicide?			Mr. d.

